A STATE OF THE PARTY OF THE PAR	à	- 1	DEPARTMENT OF PUBLIC HEALTH AND SOCIAL SERVICES DIVISION OF ENVIRONMENTAL HEALTH			
				LD CARE FACILITY		
INSPECTION REPORT					MERTA A	
REAS Regular	SON	GRADE ~	Inspection Date: 12/36//6	ESTABLISHMENT NAME: MILKESTOMES PLAY & LEA	ARN CIENTER	
Follow-Up	Ť	10	Time In/Out:	OWNER/OPERATOR:	MAA CIELLIA	
Complain	nt	1/~	10:00 11100	RUSARIO, RUN PIER Z		
Investigat Other:	ion	RATING	Sanitany Permit No :		shment Type:	
		M	20000-60013/60		TemporaryExpired	
			Z FemaleTotal	Child Care License: No. 1000 Walid	/ / Provisional / / Expired	
The foinspection	ollowing it	items identify er as the Dep	y violations found this da epartment indicates. Non	ay in the operations and facilities which must n-compliance may result in downgrading or post st be submitted before the indicated correction	be corrected by the next permit suspension. To appeal	
ITEM*			REMA	IARKS	DEMERIT CORRECT BY	
				IAS CONDUCTED PREVIOUS	7 Totalista	
	INSPE	671UN		16 (2, A)	7.5	
	THE	PULLOW	ING WAS O	OBSERVIZD;		
	M	LIULA	1710115		1 1 1 01	
	A' r	LACAR)	D # 02354	13301817		
				100-17-2		
	BRIT	EFED	RIL JAM	MIE TERLATE ON		
	ABUV			Tipe July 1		
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	= =				Till and All	
l	o read a	and unders!	tand the above violation	on(s) and I am aware of the corrective m	To the token	
				Received By (Name & Title):		
	above, th	hey shall be	e corrected within	July Samie Ierla	ye Director	
(2), (4), (6		ys of this in: 1), (23), (24),	nspection:), (27), (28), (39) & (40).	DEH Inspector (Name & Title):		

Rev: 08/2/05 DEH-06